

**7.0 Joint Occupational Health and Safety Committee
Occupational Health and Safety Forms**

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St. Francis Xavier University
Figure 6.1. A Joint Occupational Health and Safety Committee
Concern/Complaint Report

Please Complete and forwarded to the University Occupational Health & Safety Officer

EMPLOYEE SECTION

Department _____ Date Submitted _____

Employee Name _____ Phone _____

Supervisor/Manager/Chair Name _____ Phone _____

Describe the concern/complaint _____

University Occupational Health & Safety Officer's Section

Received by _____ Date _____

FOLLOW-UP

JOINT OCCUPATIONAL HEALTH & SAFETY COMMITTEE (JOHSC)

RESOLUTION

Chair's Signature _____ **Date** _____

St. Francis Xavier University
Figure 6.2. A Joint Occupational Health and Safety Committee
Work Refusal Report

Please Complete and forwarded to the Joint Occupational Health and Safety Committee

EMPLOYEE SECTION

Department _____ Date Submitted _____

Employee Name _____ Phone _____

Supervisor/Manager/Chair Name _____ Phone _____

Describe the Work Refusal _____

Joint Occupational Health and Safety Committee (JOHSC) Section

Received by _____ Date _____

Time Work Refusal Received _____ Time of Emergency Meeting _____

Attendance:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Copy of Minutes attached to Form _____ Yes _____ No

RESOLUTION _____

Signatures:

Chair _____ **Employee** _____

6.3.2 Communication Requirements:

Each Site Occupational Health and Safety Committee will post the following information on dedicated Occupational Health and Safety bulletin boards on campus:

	Occupational Health and Safety Information to be posted on All Occupational Health and Safety Bulletin Boards
	The Nova Scotia Occupational Health and Safety Act
	All Acts, Regulations, and Codes of Practice that are relevant to the Department or Work Sites.
	The University’s Occupational Health and Safety Policy.
	The 24 hour telephone number for the Department of Labour: (8)1-800-9LABOUR, (8)1-800-952-2687
	Site Occupational Health and Safety Committee information including: <ul style="list-style-type: none"> ▪ names of Health and Safety Committee Members ▪ their work locations ▪ telephone numbers on campus.
	Names of Employees who are qualified in Emergency/Standard First Aid <ul style="list-style-type: none"> ▪ their work locations ▪ telephone numbers on campus.
	The most recent Site Occupational Health and Safety Committee Safety minutes.
	The most recent Joint Occupational Health and Safety Committee (JOHSC) Minutes
	List of current Occupational Health and Safety Reports, Information, Tests and Workplace Inspections for this location and how to access this information.
	Department of Labour Inspection and/or Orders.
	Any other information as directed by the Joint Occupational Health and Safety Committee or as required by legislation.
	Emergency Preparedness Information <ul style="list-style-type: none"> ▪ Location: St Francis Xavier University ▪ Building name: ▪ Phone # ▪ Room # ▪ Fire/RCMP/Ambulance: 911 ▪ Poison Control : (8)1-800-565-8161 ▪ Environmental Emergencies: (8)1-800-565-1633 ▪ Security: 3981 ▪ Fire Evacuation /Emergency Plan for this location ▪ Any other Emergency telephone numbers or Information relevant to the department.

For Further information please refer to Section 8 to review a copy of the Nova Scotia Occupational Health and Safety Act

6.5.1 Hazard Identification Procedure

Employees are asked to use the following table as a guide in evaluating the design and layout of the work site as well as the work process, equipment, substances and machines used to perform job related responsibilities to determine if hazards exist.

Hazard Identification Table		YES	NO
1.	Chemical hazards such as a chemical or material used in the workplace, or a process, or material by-product.		
2.	Physical hazards such as noise, vibration, heat stress, cold stress, or radiation.		
3.	Ergonomic hazards such as work which requires awkward posture, repetitious motion, or excessive muscular force.		
4.	Hazards specific to machinery, materials, tools and equipment in use.		
5.	Hazards related to particular work processes and work environments.		
6.	Biological hazards including viruses, bacteria, fungi, or parasites.		
7.	Hazards from energy sources such as electrical, compressed air or gases, hydraulic, gravity, chemical or heat.		
8.	Is there a risk of slipping, tripping, or falling?		
9.	Can any part of the body be caught in or between objects, or at risk of objects falling?		
10.	Hazards created through nonexistent or inadequate work practices or taking shortcuts.		
11.	Hazards created when proper work practices are not followed.		
12.	Are there known factors affecting Indoor Air Quality?		
13.	Are Fire Exits clearly marked, egress/access routes unobstructed, fire fighting equipment serviceable and inspected routinely?		
14.	Are first aid supplies maintained and inspected routinely and are there trained personnel available.		
15.	Are there unforeseen factors that may affect work related duties and work sites.(i.e. deadlines, time of day, time of year, crowds, traffic, weather, etc.)		
16.	Other factors as outlined by the department		

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Figure 6.5.3.A

Written Safe Work Procedures Form

Department:	Room/lab/classroom/work site:	Job/task/procedure:
Equipment/substance/machine:	Safe work procedure written by:	Date of Initial safe work procedure:
Safe work procedure reviewed by:	Date approved:	Review date:
Revision number:	Date of Revision:	Revision approved by:

Equipment, Tools, Materials Required: _____

Personal Protective Equipment Required: _____

- Procedure: (Step by Step instructions on how to complete this job/task/procedure safety)
1. _____
 2. _____
 3. _____
 4. _____
 5. _____

- Note any additional potential hazards as a result of the job process.
6. _____
 7. _____
 8. _____

6.7.2 Accident Investigation Guidelines

The following questions provide a framework in which supervisors/managers/chairs and/or members of the Investigating Team shall use to investigate work place accidents. By examining all six (6) categories; Job/Task, Material, Equipment, Environment, Personal, and Management/Organization, that immediate and/or underlying causes of workplace accidents may be identified and corrective action(s) put in place to prevent similar accidents in future.

III. Review categories 1-6.

IV. By answering **No** to any of the questions, an Action Report (Figure 6.7.B) and/or Recommendations Report (Figure 6.4.A) may be required to resolve immediate and/or underlying causes of workplace accidents.

Category 1: Job/Task		Yes	No
1.	Was this the first time the job/task was performed?		
2.	Was the correct safe work procedure used?		
3.	Was there a safe work procedure written for this job/task?		
4.	Was the safe work procedure current and up to date?		
5.	Was there adequate supervision?		
6.	Were all hazards identified?		
7.	Were unsafe conditions corrected?		
8.	Were there any unusual circumstances regarding the task/job?		
9.	Were there previous accident reports in doing the job/task?		
10.	Did the job/task of other employee(s) contribute to the accident?		
11.	Was the correct tool(s) used?		
12.	Were the correct tool(s) available?		
13.	Was the employee(s) trained in the safe work procedures?		
14.	Was the employee(s) trained in the use and handling of the correct tools for the job?		
15.	Was the employee's(s) training current and up to date?		
16.	Was the job/task authorized?		
17.	Was Personal Protective Equipment available?		
18.	Was the employee(s) trained to use the proper Personal Protective Equipment?		
19.	Was the condition of the Personal Protective Equipment clean and in working order?		
20.	Was the Personal Protective Equipment suitable for the job/task?		
21.	Were general housekeeping duties a contributing factor?		
22.	Other questions – please specify:		

Category 2: Material		YES	NO
1.	Were there hazardous materials used?		
2.	Was the hazardous material properly labeled?		
3.	If a hazardous chemical, was the MSDS up to date?		
4.	Was the MSDS accessible and did the employee know how to access this information?		
5.	Did the employee(s) have up to date WHMIS training?		
6.	Was the hazardous material/chemical properly stored?		
7.	Were there proper spill procedures in place?		
8.	Were there proper disposal procedures in place?		
9.	Was there proper delivery and handling of the hazardous material/chemical?		

For Further information please refer to Section 8 to review a copy of the Nova Scotia Occupational Health and Safety Act

10.	Was the material/chemical used not suitable for the job/task?		
11.	Was there a less hazardous material or chemical available?		
12.	Was Personal Protective Equipment required?		
13.	Was the Personal Protective Equipment used properly?		
14.	Was the material/chemical used outdated or defective in any way?		
15.	Other questions please specify:		

Category 3: Equipment		Yes	No
1.	Was any of the equipment used poorly designed for the job/task?		
2.	Was the equipment used in good working order?		
3.	Were equipment guards required for safe operation of the equipment?		
4.	Were equipment guards in good working order?		
5.	Was equipment failure a contributing factor?		
6.	Was the maintenance records current and up to date?		
7.	Were known defects with the equipment properly fixed or replaced?		
8.	Was there any problems related to electricity or other power sources?		
9.	Were proper lock-out procedures followed (if applicable)		
10.	Were shut-off switches, power sources, engines etc. properly turned off?		
11.	Were power sources difficult to turn off?		
12.	Was the location of the electricity and/or power sources easily accessible?		
13.	Was the right tool(s) for the job/task used?		
14.	Was Personal Protective Equipment required to do this job?		
15.	Other questions - please specify:		

Category 4: Environment		Yes	No
1.	Was the workspace adequate for the job/task?		
2.	Were the working surfaces slippery or dusty?		
3.	Were the working surfaces untidy or cluttered?		
4.	Was proper lighting available for the task/job?		
5.	Was the working environment's temperature a contributing factor?		
6.	Was humidity a contributing factor?		
7.	Were weather conditions a contributing factor?		
8.	Was the working environment adequately ventilated?		
9.	Were gases, dusts, fumes or exhaust a contributing factor?		
10.	Were outside sources of irritants a contributing factor?		
11.	Were inside sources of irritants a contributing factor?		
12.	Was the design or layout of the work environment a factor?		
13.	Was noise a contributing factor?		
14.	Were proper signage, barriers or warnings in place?		
15.	Was the time of day a contributing factor?		
16.	Was glare a problem?		
17.	Were there visual limitations?		
18.	Was the area a Confined Space?		
19.	Was the employee(s) working alone?		
20.	Was crowds and/or vehicle traffic a contributing factor?		
21.	Other questions - Please specify		

For Further information please refer to Section 8 to review a copy of the
Nova Scotia Occupational Health and Safety Act

Category 5: Personal		Yes	No
1.	Did the employee(s) have experience in doing the job/task?		
2.	Was the employee(s) trained to do this job/task?		
3.	Did the employee(s) follow safe work procedures?		
4.	Was the employee(s) physically able to perform the job/task?		
5.	Did the employee(s) understand all aspects of the job/task?		
6.	Were there adequate instructions given on how to perform the job/task?		
7.	Was the employee(s) under stress due to work or personal factors?		
8.	Were their physical requirements (i.e. lifting) to do the job/task?		
9.	Were their physical conditions of the employee(s) that made the job/task difficult?		
10.	Was the employee(s) on modified work due to a previous accident/condition?		
11.	Was the employee(s) tired?		
12.	Were prescription drugs or medications bought in a Drug Store (across the counter) a contributing factor?		
13.	Were illegal drugs or Alcohol a contributing factor?		
14.	Was the employee(s) performing an unauthorized job/task at time of the accident?		
15.	Was personal protective equipment required?		
16.	Was the employee wearing the proper personal protective equipment?		
17.	Was the employee(s) trained to use the proper personal protective equipment?		
18.	Was the employee(s) rushed to complete the job/task?		
19.	Did the employee(s) take short-cuts to complete the job/task?		
20.	Was the condition of the employee(s) health a contributing factor?		
21.	Other questions – please specify		

Category 6: Management/Organization		Yes	No
1.	Were departmental/site safety rules outlined and understood by the employee(s)?		
2.	Were the safe work procedures being enforced?		
3.	Were the safe work procedures being enforced consistently?		
4.	Are all safe work procedures easily accessible to all employees?		
5.	Is there a Disciplinary Policy and procedure for the department/site?		
6.	Is the Disciplinary Policy being enforced?		
7.	Is the Disciplinary Policy being enforced consistently?		
8.	Is the Disciplinary Policy consistent with the changes in the department/site?		
9.	Was the supervisor available during the hour's worked/shift?		
10.	Was the supervisor trained to supervise the safe work procedure?		
11.	Were the employee(s) adequately trained by the supervisor?		
12.	Were there recent changes in supervisors?		
13.	Were there recent changes in scheduled hours of work/shifts?		
14.	Are work site safety inspections being done routinely?		
15.	Are supervisors detecting and/or correcting known safety issues/concerns?		
16.	Are work site safety inspections records current and up to date?		
17.	Is there proper follow-up on safety issues/concerns by supervisors?		
18.	Was there a failure in communications between the supervisor and employee(s)?		
19.	Was there a failure or lack of communications between departments?		
20.	Other questions -please specify		

For Further information please refer to Section 8 to review a copy of the
Nova Scotia Occupational Health and Safety Act

**St. Francis Xavier University
 Joint Occupational Health and Safety Committee
 Accident Investigation Follow up Action Report**

To be completed by the Supervisor/Manager/Chair and/or Members of the Investigating Team

Immediate and/or underlying causes of the Accident. (please list).	Recommended Corrective Actions. (please list).	Date Actions Completed And Signature(s)
1.	1.	
2.	2.	
3.	3.	
4.	4.	

Recommendation Report (Figure 6.4.A) date submitted: _____

To which committee was the Recommendation Report (Figure 6.4.A) submitted:

- (a) Site Occupational Health and Safety Committee: YES _____ NO _____
 Person or Representative Recommendation Report forwarded to: _____
- (b) Joint Occupational Health and Safety Committee: YES _____ NO _____
 Person or Representative Recommendation Report forwarded to: _____

Date: _____

 Signature of Supervisor/Manager/Chair

 Members of the Investigating Team

Please attach all Copies of Recommendation Report(s) (Figure 6.4.A) to this form and forwarded to the University Occupational Health and Safety Officer.

For Further information please refer to Section 8 to review a copy of the
 Nova Scotia Occupational Health and Safety Act

**St. Francis Xavier University
Figure 6.8.A (Sample) Informal Work Site Inspection Checklist**

Rating Scale: Rank all potential hazards to the worst case outcome **if an accident were to occur.**

- 1 = Major
- 2 = Serious
- 3 = Minor
- *4 = Non-hazard (Required)

General Work site Inspection Checklist (all inspection checklists shall include but not limited to)	Okay	Action Required	Rating
BULLETIN BOARDS			
Necessary information posted?			
Minutes of Meetings?			
HOUSEKEEPING			
Areas neat and clean?			
Are waste baskets a trip hazard?			
Are paper and waste properly disposed of?			
Are materials stacked and/or disorganized?			
Are work surfaces clear of clutter?			
FLOORS			
Is there loose material, debris, worn carpeting?			
Are mats, carpets taped and/or secure to prevent a trip hazard?			
Are the floors slippery, oily or wet?			
ELECTRICAL			
Are extension cords being used?			
Are electrical outlets overloaded?			
Are power bars being used?			
Are electrical or telephone cords exposed in areas where employees walk?			
Are electrical cords frayed or damaged?			
STAIRWAYS AND AISLES			
Are they clear and unblocked?			
Are stairways well lighted?			
Are handrails present and secure?			
Are there any dark areas?			
FURNITURE			
Are there worn or badly designed chairs?			
Are there sharp edges on desks and cabinets?			
Ergonomics (keyboard elevation, chair adjustment)?			
Crowding of work space?			
Are file cabinet draws overloaded?			
HAZARDOUS CHEMICALS/SUBSTANCES			
Are all chemicals/substances identified and stored properly?			
Are chemical/substance properly labeled?			
Is Personal Protective Equipment being used to handle chemicals?			
STORAGE			
Are storage areas neat and organized?			
Is there unnecessary clutter?			
FIRE PROTECTION			
Exits (egress) unobstructed			
Fire extinguishers, alarms, emergency lighting, checked			
FIRST AID KITS			
Easily accessible and maintained			

For Further information please refer to Section 8 to review a copy of the
Nova Scotia Occupational Health and Safety Act

**St. Francis Xavier University
 Joint Occupational Health and Safety Committee
 Informal Work site Inspection Report**

Rating Scale: rank all potential hazards to the worst case outcome **if an accident were to occur.**

- 1 = Major**
- 2 = Serious**
- 3 = Minor**
- *4 = Non-Hazard (Required)**

To be completed by the Supervisor/Manager/Chair

Potential Hazard(s): Identified or Observed Please list:	Rating 1-4	Recommended Correction Action Please List:	Date Action Completed and Signature(s).

Items to watch for during Inspections (Inspection checklists shall include but not limited to)

- Bulletin boards
- Housekeeping
- Floors
- Electrical
- Stairways, aisles, hallways
- Furniture
- Dangerous Chemicals/substances

- First Aid kits
- Safe work procedures in place
- Personal Protective Equipment
- Equipment/tools/materials
- Storage areas, closets
- Fire Protection Equipment
- Exit (Egress), alarms, emergency lighting

Date: _____

 Signature of Supervisor/Manager/Chair

**St. Francis Xavier University
Joint Occupational Health and Safety Committee
Formal Work site Inspection Checklist**

To be completed by the University Occupational Health and Safety Officer.

Safety Manual	Okay	Action required	Hazard Assessment	Okay	Action required
Current			Written safe job procedures		
Signed			Current		
Dated			Signed		
Bulletin Boards Posted Information	Okay	Action required	Dated		
The N.S. Occupational Health and Safety Act			Supervisor training records		
Acts, Regulations, and Codes of Practice that are relevant to the Dept.			Employee training records		
The University's OH& S Policy			First Aid	Okay	Action required
The 24 hour telephone number for the Dept. of Labour: 1-800-952-2687			First Aid Box: Maintained, signed and dated		
Current names of site OH&S members			Names of Employees who are trained in Emergency First Aid and their location:		
The most recent Site OH&SC minutes.			First Aid records up to date Signed and dated		
The most recent JOHSC OH&S Minutes			WHMIS Training	Okay	Action required
List of current health/safety Reports for this area			WHMIS training up to date, signed And dated		
Department of Labour Inspection and/or Orders			Work Site Inspections	Okay	Action required
Emergency Preparedness Information Posted	Okay	Action required	Policy/Procedure in Place		
Fire Evacuation/Emergency Plan Posted			Inspections being done Regularly		
Emergency telephone numbers For this department posted			Corrective action being carried out		
Fire exits (Egress) Clear and unobstructed			Records maintained; current, signed and dated.		
Fire extinguishers checked and dated			Work Site Accident Investigations	Okay	Action required
Fire Exits marked			Policy/Procedure in Place		
Fire alarms, equipment (hoses), emergency lighting checked			Investigations conducted when necessary		
Fire Blankets available (if necessary)			Corrective action being carried out		
Fire Drills Records			Records maintained; current, signed and dated.		

Date: _____ Area Inspected: _____
 Time: _____ Present: _____

For Further information please refer to Section 8 to review a copy of the Nova Scotia Occupational Health and Safety Act